

EXHIBIT D

CORRECTIONAL MEDICAL SERVICES

MEDICAL RESTRICTIONS

N-1

SBCC
INSTITUTIONEmory Snell
NAMEW59191
ID #

D.O.B.

12/21/98
DATE:TO: _____
(D.O.C. DESIGNEE)

The above named inmate has been determined to have the following needs/restrictions due to a current medical condition:

TYPE:	DATE	(FROM)	TO
NO WORK STATUS	_____	_____	_____
LIGHT WORK STATUS	_____	_____	_____
BOTTOM BUNK	_____	_____	_____
SPECIAL EQUIPMENT (DESCRIBE BELOW)	_____	_____	_____
Bottom tier OTHER (DESCRIBE BELOW)	12/21/98	_____	Indef

TRANSPORTATION RESTRICTIONS:

NO WAISTCHAINS
NO HANDCUFFS
NO ANKLE RESTRAINTS
VEHICLE WITH CAR SEATS
MEDICAL VAN

MEDICAL REASON:

1st documented @ MCI-CJ T1 m has problems c stair
climbing dlt medical problem

SUBMITTED BY: C. Ramanaikar

DATE: 12/21/98

TIME: 2pm

REVIEWED BY: _____

DATE: 12/21/98

TIME: 12:00

APPROVED BY: _____

DATE: 12/21/98

TIME: 12:30 p.m.

SITE MEDICAL DIRECTOR